

Appendix H: Quality Improvement Strategy

Under §1915(c) of the Social Security Act and 42 CFR §441.302, the approval of an HCBS waiver requires that CMS determine that the State has made satisfactory assurances concerning the protection of participant health and welfare, financial accountability and other elements of waiver operations. Renewal of an existing waiver is contingent upon review by CMS and a finding by CMS that the assurances have been met. By completing the HCBS waiver application, the State specifies how it has designed the waiver's critical processes, structures and operational features in order to meet these assurances.

- Quality Improvement is a critical operational feature that an organization employs to continually determine whether it operates in accordance with the approved design of its program, meets statutory and regulatory assurances and requirements, achieves desired outcomes, and identifies opportunities for improvement.

CMS recognizes that a state's waiver Quality Improvement Strategy may vary depending on the nature of the waiver target population, the services offered, and the waiver's relationship to other public programs, and will extend beyond regulatory requirements. However, for the purpose of this application, the State is expected to have, at the minimum, systems in place to measure and improve its own performance in meeting six specific waiver assurances and requirements.

It may be more efficient and effective for a Quality Improvement Strategy to span multiple waivers and other long-term care services. CMS recognizes the value of this approach and will ask the state to identify other waiver programs and long-term care services that are addressed in the Quality Improvement Strategy.

Quality Improvement Strategy: Minimum Components

The Quality Improvement Strategy that will be in effect during the period of the approved waiver is described throughout the waiver in the appendices corresponding to the statutory assurances and sub-assurances. Other documents cited must be available to CMS upon request through the Medicaid agency or the operating agency (if appropriate).

In the QIS discovery and remediation sections throughout the application (located in Appendices A, B, C, D, G, and I), a state spells out:

- The evidence based discovery activities that will be conducted for each of the six major waiver assurances;
- The *remediation* activities followed to correct individual problems identified in the implementation of each of the assurances;

In Appendix H of the application, a State describes (1) the *system improvement* activities followed in response to aggregated, analyzed discovery and remediation information collected on each of the assurances; (2) the correspondent *roles/responsibilities* of those conducting assessing and prioritizing improving system corrections and improvements; and (3) the processes the state will

follow to continuously *assess the effectiveness of the OIS* and revise it as necessary and appropriate.

If the State's Quality Improvement Strategy is not fully developed at the time the waiver application is submitted, the state may provide a work plan to fully develop its Quality Improvement Strategy, including the specific tasks the State plans to undertake during the period the waiver is in effect, the major milestones associated with these tasks, and the entity (or entities) responsible for the completion of these tasks.

When the Quality Improvement Strategy spans more than one waiver and/or other types of long-term care services under the Medicaid State plan, specify the control numbers for the other waiver programs and/or identify the other long-term services that are addressed in the Quality Improvement Strategy. In instances when the QIS spans more than one waiver, the State must be able to stratify information that is related to each approved waiver program. Unless the State has requested and received approval from CMS for the consolidation of multiple waivers for the purpose of reporting, then the State must stratify information that is related to each approved waiver program, i.e., employ a representative sample for each waiver.

a. System Improvements

- i. Describe the processes for trending, prioritizing, and implementing system improvements (i.e., design changes) prompted as a result of an analysis of discovery and remediation information.

The stated purpose of the HCBS Waivers Quality Improvement System (QIS) is to ensure the health and safety of participants through continuous participant-focused monitoring and improvement by implementing and sustaining a quality management system.

The Home and Community-Based Services (HCBS) Waiver Framework provides guidance as to the state's process for monitoring the safeguards and standards under the waiver. A set of key principles guide the QIS and are contained in the Nebraska's HCBS Quality Improvement System document. Nebraska's QIS uses an evidence-based tiered approach which includes a number of activities and processes at both the local and state levels. This system has been developed to discover whether the federal waiver assurances are being met, to remediate identified problems, and to carry out quality improvement.

The DHHS DDD Quality Improvement efforts for DDD Community Based Services are coordinated through the DDD QI Committee (QIC) comprised of representatives from DDD Central Office, DHHS Medicaid, and DDD Service Coordination. The DHHS Licensure Unit provides aggregate data as requested. The QIC meets quarterly and reviews aggregate data for statewide monitoring, incidents, complaints, investigations, and certification and review surveys, to identify trends and consider statewide changes that will support service improvement. The Committee also reviews data and reports on subjects, including, but not limited to:

- HCBS waiver service requirements
- Licensure Unit investigations, and
- Service utilization information.

The continuing efforts are to oversee and refine the formal design and implementation of QI systems that allow for systematic oversight of services across the state by the QIC, while ensuring utility of the information at the local level. A regular reporting schedule has been developed to ensure regular review of the results of the various QI functions. The minutes show review of results and recommendations for remediation, both to address issues that have been identified and to proactively decrease the likelihood of similar problems occurring in the future.

The QIC receives reports and information and provides/shares feedback and support to the service districts. The MLTC representative verbally reports activities of the QIC to his/her administrator and/or the Medicaid Director and makes all meeting minutes and reports available for his review.

The QIC minutes show review of results, recommendations for remediation, and follow-up of recommendations or assigned tasks to address issues that have been identified and to proactively decrease the likelihood of similar problems occurring in the future. A continuous evaluation component is built into the system for evaluation of utility, information received, and effectiveness of strategies.

DDD Program Management staff design and monitor services, including specific performance related to service and remediation. Discovery methods under Program Management are: expenditure and utilization monitoring; technical assistance; professional research, observation and insight; contract management and monitoring; and analysis of data sources.

The DDD Quality Assurance staff provides systemic review of program outcomes and standards compliance to establish continuous improvement. Discovery methods under Quality Assurance include reviewing electronic participant data, conducting file reviews; implementing participant experience surveys; and oversight of field office supervisory efforts. DDD has begun the process to implement the use of National Core Indicators. Use of participant/family experience surveys will be discontinued upon implementation of the National Core Indicators.

Both Program Management and Quality Assurance staff are involved in discovery related to death review; complaints; incident reports; and data collection and analysis. Quality reports include: death review data, appeals data, supervisory file review data, central office file review data, local level complaint data, central office complaint data, incident data, adult/children protective service data, electronic participant data system reports, service expenditure data, and service authorization data. Of these reports, the following are compiled by DDD staff and analyzed by the DDD administration and the Quality Improvement Committee annually or as needed: death review, appeals, supervisory file review, complaints, incidents, adult protective services, electronic participant data system reports, service expenditures, and service authorizations. If a provider is identified as of concern and DPH determines that a Continuous Improvement Plan is required, DDD and DPH staff collaboratively monitor the Plan to assure completion.

In order to assure protections, services, and supports on a *systems* level, the Division has established a formal certification and review process in accordance with state regulations, contract specifications, and state waiver requirements for provider agencies offering services. This certification process includes certification and service reviews of community-based providers and programs by Division of Public Health (DPH) Surveyor/Consultants, who are scheduled to visit providers in accordance with the initial provisional, 1-year, or 2-year certifications issued by DPH. The purpose of the reviews is to identify gaps and weaknesses, as well as strengths, in services provided on a statewide level. In order to ensure continued certification as a provider of DD agency services, a formal plan of improvement is required to ensure remediation of review findings that need to be addressed. On an ongoing basis, incidents and complaints associated with certified providers which have been reported to the Division are reviewed and appropriate levels of follow-up are conducted.

The State's waiver service delivery design incorporates two functions, Services Coordination and Provider Relations. These two roles provide checks and balances as each focuses on a key area. Services Coordination staff work with participants' needs, eligibility and service planning. Provider Relations staff concentrate on issues of qualified providers, including their compliance with standards. Communications between the two functions is key and both provide continuous monitoring of service delivery.

Following discovery of needed improvement in any area, staff confer, plan and involve the Quality Improvement Committee. Lines of communication are fluid to allow information to flow to and from program and quality staff. Information also flows freely to and from the Quality Improvement Committee and to and from services coordination agencies and other contracted providers. Continuous quality improvement for the purpose of statewide systemic program enhancement occurs through any combination of the following remediation activities:

- Training and meetings. These are offered or mandated for supervisors and services coordinators, as appropriate.
- Policy or procedure development or implementation to add, revise, or clarify program expectations determined necessary for program improvement.
- Informational materials including written guidance for staff or brochures directed toward participants or the public.
- Promising practices. This includes the identification, dissemination and implementation of promising practice concepts on a statewide basis.
- Remediation of individual problems. This is the responsibility of the field service coordination offices with DDD central office staff providing the oversight to ensure completion. Technical assistance is also provided to DDD field staff on a continuous ongoing basis to aid understanding of policies and procedures and to address individual situations.
- Shared resolution. This is a formally-defined process, based on proactive partnership, to work with field staff and agencies to resolve and improve instances which (1) reflect performance below expectations that cannot be remediated through technical assistance; (2) indicate a pattern of policy or procedure non-

compliance which does not include a participant safety concern; or (3) are identified through formal discovery and determined not egregious as defined in the Continuous Improvement Plan process.

- Continuous Improvement Plan. This is a formally-defined process, based on a performance oversight model managed collaboratively by DPH and DDD, to resolve and improve performance when a discovery method has identified an apparent contract violation or immediate risk to participant health and safety. This remediation is appropriate for these egregious issues as well as when other remediation has been unsuccessful or determined ineffective.

ii. System Improvement Activities

Responsible Party(<i>check each that applies</i>):	Frequency of Monitoring and Analysis(<i>check each that applies</i>):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input checked="" type="checkbox"/> Quality Improvement Committee	<input checked="" type="checkbox"/> Annually
<input type="checkbox"/> Other Specify: <div style="border: 1px solid black; height: 60px; width: 200px; margin-top: 5px;"></div>	<input checked="" type="checkbox"/> Other Specify: more frequently as determined by the state DDD QI committee or mandated by the DDD Director.

b. System Design Changes

- Describe the process for monitoring and analyzing the effectiveness of system design changes. Include a description of the various roles and responsibilities involved in the processes for monitoring & assessing system design changes. If applicable, include the State's targeted standards for systems improvement.

DDD, in partnership with the HCBS Waiver Unit of the Nebraska Department of Health and Human Services' Medicaid and Long Term Care (MLTC) Division, is responsible for monitoring and assessing system design changes, collecting and analyzing information, determining whether the waiver requirements and assurances are met, ensuring remediation, and planning system improvement activities. The DDD Director, along with

the Program Staff, is responsible for coordinating the development, implementation and monitoring of any system design changes. The DDD Director works closely with the DDD Quality Improvement Committee to assure the appropriate identified priority system issues are developed, implemented and monitored to assure system change occurs. Annual data is aggregated and compared to the previous baseline evidence to determine if the identified system change is effective.

As described above in H. a. i. (System Improvements), the State has in place a Quality Improvement System that includes discovery leading to remediation. In turn, that leads to system improvement. This is an ongoing, circular system with components of design, discovery, remediation, and operational improvement. DDD QA staff, in consultation with the DDD Director, review the Quality Improvement System (QIS) on an ongoing basis, but no less frequently than quarterly, to adjust program outcomes, determine the need to modify data sources and to develop other methods to evaluate progress and services.

DDD staff fulfill the lead role in guiding this improvement along with input from DDD field services coordination office and MLTC representatives. Specific activities are as follows:

1. Process of Aggregating Data and Monitoring Data Trends

The majority of waiver Performance Measure data are aggregated through queries from systems where data are entered directly by the worker or reporter. These systems include:

- InfoPath,
- SAS,
- N-FOCUS,
- Web-based service system used for budgeting and case management,
- SharePoint, and
- OnBase.

For data that are not entered directly into a system, data are derived from individual source documents such as audits of files or certification reports and manually tabulated as necessary.

Above and beyond waiver performance measure data, the following data points are captured through queries in the above-listed databases on a quarterly basis:

- Service coordinator performance in terms of meeting deadlines;
- Wait list management and timelines;
- Service authorizations; and
- Prevention of incidents.

2. Report Formats

Quality reports include: death review data, appeals data, supervisory file review data, central office file review data, local level complaint data, central office complaint data, incident data, adult/children protective service data, electronic participant data system reports, service expenditure data, and service authorization data. These reports reflect

information via graphs, tables, and narratives. QIC minutes display meeting topics and discussion, as well as action plans or follow-up categorized by performance measures.

3. Communicating Results

Aggregate data are shared through the QIC with DD Administrative staff, Service Coordination staff, and other stakeholders. Data reports are submitted as requested to CMS representatives. Quarterly reports are presented at Stakeholder meetings (e.g., monthly attendance by the DDD Director at Nebraska Association of Service Providers and DD Council meetings, bi-monthly DDD Advisory Committee meetings as well as routine legislative hearings).

4. Using Data for Implementing Improvement

Data are reviewed on at least a quarterly basis through the QIC and DD Administration. Appropriate recommendations, action plans and follow-up are included within the QIC minutes.

5. Assessment of the Effectiveness of the QI Process

Evaluations of the effectiveness of the QI process are done by analyzing remediation activities, determining if timelines and outcomes were met and their success level in addressing the original concern. In addition, effectiveness is also measured through the relevancy that collected data have in providing useful information on the timeliness and quality of services provided through waiver services; data is not collected for its own sake but rather to measure areas that require maintenance of effort or improvement in service operations and delivery.

The DDD central office management team is responsible for coordinating the monitoring and analysis of system design changes. The management team works in conjunction with the QIC and the program staff to develop methods of evaluation when implementing system design changes. The goal is to clearly define the outcome desired as a function of the system change and to allow the gathering of data and other information related to the state of affairs prior to the system change.

In cases where this is not practicable, efforts are made to develop alternate strategies to capture information post hoc that will allow a determination of whether the outcome was met. In those cases, it is more difficult to attribute the outcome measurement directly to the systems changes than when adequate baseline measures can be compared to measures taken following the system change.

An example of the development and monitoring of systems changes strategies was the decision to utilize a contracted vendor web-based service system used for budgeting, case management, and reporting incidents. Prior to the implementation of the web-based reporting, incident reporting and follow-up was manually logged in by DDD staff. Incidents are verbally reported to DDD staff immediately upon the provider becoming aware and reported in writing using the web-based service system within 24 hours of the verbal report. A written summary must be submitted electronically to the Department of the provider's investigation and action taken within 14 days. DDD staff triage the written

reports daily and determine the appropriate response which depends upon the type and frequency of the incident. When an incident needs investigating, the incident is entered into SharePoint, a Microsoft product, which is another example of system change. SharePoint allows DDD staff to document the investigation and disposition of each complaint. The use of the web-based application and SharePoint has improved the methods of data collection and aggregation. The QIC reviews statewide quarterly reports compiled from the databases, which identifies the types and numbers of incidents by provider within a geographical area, identify areas of concern and improvement, and make recommendations for follow-up. A summary of each provider's quarterly report is also included in the statewide report.

ii. Describe the process to periodically evaluate, as appropriate, the Quality Improvement Strategy

Quality management staff, program management staff, and administrative staff of the HCBS Waiver Services Unit located in the Medicaid and Long-Term Care Division evaluate the effectiveness of the waiver Quality Improvement System on a continuous, ongoing basis. Nebraska QIS strategies stratify information for each respective waiver for all services funded by DDD, including the services offered under the HCBS waivers for adults (0394) and children (4154) with developmental disabilities as well as services funded by state general funds only. The HCBS Unit located in the Division of Medicaid and Long-Term Care (MLTC) oversees the implementation of the Medicaid State Plan so all identified State Plan system issues are relayed to MLTC staff responsible for services under the Medicaid State Plan.

The evaluation of the Quality Improvement Strategy (QIS) involves assessing the effectiveness of the system in improving the quality of services as well as comparing the system to best practices. If efforts to improve the quality of services are not effective, additional analyses are conducted to identify weaknesses in the current QIS. These analyses aid in identifying potential changes to improve the efficacy of the overall system. In addition, the Quality Improvement Committee provides an additional review of the effectiveness of the QIS and makes recommendations for improvement.

The Quality Improvement Strategy is evaluated on various levels in a systematic basis. Information reviewed by the QI committee is scrutinized to assess the reliability and thus, validity of the information being presented each time a committee meeting is held.

A web-based service system for reporting critical events or incidents was implemented in April 2011 to allow for coordinated responses, more frequent analysis of the data, and coordinated efforts for remediation activities and follow-up. DDD also utilizes the Document Library in SharePoint, an intranet application of the Microsoft Outlook software, to store current forms, policies, and procedures. InfoPath forms, another Microsoft Outlook product, are utilized for complaint investigations as well as HCBS waiver Level of Care determinations. The Document Libraries allow access and utilization by all DDD staff - disability services specialists, service coordination,

surveyor/consultants, administrators, and QI staff. All metadata are organized to allow for stratification by each waiver. This allows DDD leadership to access the information as needed in a more efficient manner.

There is also a self-correcting nature based on strategies used to effect systems change. As the QIS has become more mature, the development of remediation strategies becomes influenced by the history of prior efforts. The historical access to and cooperation with various levels of personnel and resources as well as the efficacy of historical strategies all influence the development of new remediation strategies. The QI strategies are evaluated at a minimum once during the waiver period and prior to renewal.

Just as the assumption is that services can always be improved, the same concept also holds with the QIS system. Efforts are continually being made to identify areas of improvement. These include modifying data collection systems to reduce error and increase the validity of the information gathered, developing additional monitoring systems to ensure the maintenance of system improvements and eliciting additional feedback from agencies and providers regarding quality improvement issues. New technology also leads to system changes and improvements in quality improvement strategies. As new and updated web applications become available, data and processes for gathering and analyzing data are reviewed and may lead to new strategies.